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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programme in the Middle East and North Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme period 1992-1993. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $954,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Djibouti	954 000	1989-1993

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

DJIBOUTI

1. In 1989, the Executive Board approved an amount of $1.5 million from general resources and $4 million in supplementary funds in support of the Djibouti country programme for the period 1989-1993. From 1989 to 1991, UNICEF assisted the Government in undertaking accelerated actions to achieve established objectives. Those led to the ratification of the Convention on the Rights of the Child, the preparation of a national programme of action and the timely achievement of universal child immunization (UCI). Significant reductions in diarrhoeal diseases, acute respiratory infections (ARI) and severe malnutrition among children under the age of five years have been reported, while Facts for Life messages were incorporated into the teacher-training curriculum and into literacy material.

2. In addition, during this period the Government requested UNICEF to assist in the rehabilitation of thousands of children and women fleeing from civil strife in neighbouring countries. They have settled with local people of the same ethnic groups and use the country's already overstretched infrastructure for services. UNICEF responded to those repeated emergencies by providing vaccines, cold-chain equipment and essential drugs and by accelerating programmes for overcrowded neighbourhoods.

3. The funds requested for 1992-1993 will serve to maintain and strengthen ongoing programmes.

Child health

4. Maintaining UCI is an essential component of the future programme. UNICEF will continue to support government efforts, particularly in strengthening and reinforcing surveillance systems of expanded programme on immunization (EPI) target diseases through training seminars for EPI managers. UNICEF will also support the national cold-chain system and provide vaccines against the six EPI target diseases.

5. Plans are well advanced for launching epidemiological surveys geared towards eradication of neonatal tetanus and poliomyelitis by 1995. UNICEF and the World Health Organization (WHO) will provide technical and material support for that purpose starting in 1992.

6. Efforts to curb diarrhoeal diseases among children will be continued. During the period 1992-1993, UNICEF will support the training of some 63 nurses and health workers and the establishment of demonstration corners in 34 maternal and child health (MCH) centres. Selected paramedics will also be trained in case management and data collection. UNICEF will also provide 120,000 packets of oral rehydration salts.

7. A 1990 UNICEF-supported survey by the Ministry of Health indicated that chronic malnutrition affects over 22 per cent of children under the age of five years. Nutrition education for mothers will be conducted through MCH

centres and national media campaigns, promoting good weaning practices and using local food sources, including fresh fish. UNICEF will support the production costs of simple nutrition education brochures for health workers and the production of radio and television spots. Equally, breast-feeding and the "baby-friendly" hospital initiative will also be pursued. UNICEF will support the production of posters and teaching aids, as well as the procurement of cassette recorders, which will be placed in selected maternity wards. In the first phase of the project, 180 midwives and maternity attendants, representing 30 per cent of the total, will be trained on the initiative. During 1992-1993, the Ministry of Health and UNICEF plan to undertake an additional nutrition survey on food habits and child weaning practices in the average household.

8. Acute respiratory infections are one of the major child killers in Djibouti, accounting for nearly 47 per cent of all children's medical consultations and hospitalizations. The most frequent and serious cases are associated with malnutrition and exacerbated by diarrhoea, compounded by inadequate duration of breast-feeding, poor nutrition and housing conditions and a harsh and changing climate. The UNICEF-supported ARI control project is conducted in collaboration with the Ministry of Health and WHO and aims at strengthening prevention, early detection and standardization of treatment with essential drugs. During 1992-1993, UNICEF will support the training of some 200 health workers and nurses on early detection of ARI, case management and treatment methods at different levels of the health system. Lactating mothers will be advised at MCH centres to continue breast-feeding their sick children. UNICEF will also provide essential drugs for 34 health centres and 7 hospitals.

Maternal health

9. The current high maternal mortality rate (MMR), resulting from anaemia, malnutrition and unhealthy traditional practices, is a cause of deep concern for the Government and UNICEF. The national programme of action clearly indicated the Government's commitment to reduce MMR from the present 740 to 300 per 100,000 live births by 1995 and to less than 100 by the year 2000. To help the Government achieve that objective, UNICEF will join hands with WHO, the Mission française d'aide et de coopération (French Cooperation Mission), the Government of Italy medical team and the Netherlands branch of Médecins sans frontières (Doctors without Borders). That cooperation will include support for in-service training and refresher courses for 300 traditional birth attendants, the upgrading of 24 MCH centres and their personnel through in-service training courses and the provision of basic supplies, equipment and essential drugs, including ferrous salt, folic acid and vitamins for pregnant women. UNICEF will also collaborate with the Union nationale des femmes de Djibouti (UNFD) (National Women's Union) and the Geneva-based Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. UNICEF will support the organization of seminars and the production of television and radio spots to raise awareness and emphasize the links of certain traditional practices with MMR and their often dangerous impact on women's health.

Acquired immune deficiency syndrome (AIDS)

10. AIDS and the transmission of the human immunodeficiency virus (HIV) are becoming major public health problems in Djibouti. Sero-positive and confirmed cases have more than doubled during the past two years. The Government has formulated short- and medium-term plans with the cooperation of WHO. The short-term plan includes the creation of a national intersectoral coordinating body, as well as different technical and counselling groups. A laboratory has been set up and case management modalities established. The medium-term plan for the period 1991-1994 focuses on public awareness, the training of selected health personnel, detection, data collection and the promotion of the use of condoms. During 1992-1993, UNICEF will collaborate with WHO, the Mission française d'aide et de coopération and the European Community to help the Ministry of Health in the production of health education materials and the development of media campaigns to raise awareness of the disease.

Women's development

11. UNICEF will continue to assist UNFD in its literacy and income-generating projects. Recently, the Ministry of Education and UNFD launched a joint national functional literacy programme which is providing classes geared mainly to women and girls. Some 171 evening classes accommodate nearly 8,500 participants. The programme aims to provide literacy, numeracy and knowledge of measuring and weighing methods to 4,300 working women per year. Literacy sessions are also used to impart knowledge of child survival based on Facts for Life, which has been integrated into the teacher-training curriculum. During 1992-1993, and in cooperation with the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Mission française d'aide et de coopération, UNICEF will provide teaching aids, books, classroom materials and transport for supervision and follow-up work. A survey will be conducted to assess marketing possibilities for products of income-generating efforts by women's groups.

Water supply and sanitation

12. In urban slum areas, UNICEF will support the efforts of municipal authorities through the promotion of simple environmental sanitation and excreta disposal methods based on the participation of local communities. During 1992-1993, UNICEF will provide hand-driven carts and other simple garbage collection implements. For the provision of drinking water, UNICEF will participate in a project of shallow dug-wells for the nomadic population in the northern region of Tadjourah, which has suffered from chronic drought. UNICEF and the Ministry of Agriculture and Rural Development will cooperate in drilling 19 cemented shallow dug-wells during 1992-1993.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Liberia	3 000 000	-	1992-1994
Somalia	7 590 000	15 500 000	1992-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

I. LIBERIA

Basic data (1990 unless otherwise stated)

U5MR: 205
IMR: 134
GNP per capita: $450
Child population (0-15 years): 1.2 million
Literacy: 40 per cent
Access to health services (urban/rural): 50/30 per cent

One-year-olds fully immunized against:

Tuberculosis:	33 per cent (1985)
Diphtheria/pertussis/tetanus:	11 per cent (1985)
Measles:	36 per cent (1985)
Poliomyelitis:	12 per cent (1985)

Pregnant women immunized against:

Tetanus:	6 per cent (1985)

The situation of children and women

1. Liberia remains in the grip of a civil war that has plunged the country even deeper into economic, political and social disintegration. Approximately one fourth of the nation's population remains outside the country as refugees. Continued fighting or insecurity in many parts of Liberia have hampered efforts to restore basic services and economic activity on a significant scale. Diplomatic efforts under the auspices of the Economic Community of West African States (ECOWAS) have succeeded in limiting the destruction, but no political solution is in sight. Liberia remains a partitioned country, divided between the increasing urban population of Monrovia, with upward of 600,000 inhabitants, controlled by the Interim Government of National Unity and the military forces of the ECOWAS Monitoring Group; and the remaining 90 per cent of the territory, with an estimated population of 1.5 million, under the control of the National Patriotic Reconstruction Assembly. A successful emergency relief effort brought considerable assistance to Monrovia's population, which is largely dependent on international aid for its survival.

2. When a political solution to the conflict is found, the new national leaders will inherit a legacy of mismanagement and social discrimination. Although potentially a rich nation, Liberia was classified among the least developed countries in 1990. During the last decade, the decline in public sector funding to social development programmes and the suspension, or compression, of credits from major international donors (particularly the World Bank, the International Monetary Fund (IMF) and the United States Agency for International Development (USAID)) resulted in a demoralized, underpaid civil service, increased hardship for the poor and the deterioration of basic services. When international relief agencies were finally able to begin a

full-scale emergency operation at Monrovia at the end of 1990, social services that had been functioning prior to the war had completely broken down. There were no schools, fewer than 20 health facilities were functioning in the entire country, malnutrition was high and thousands of families had been uprooted. The armed conflict also resulted in other profound effects on children: thousands became orphaned, abandoned or displaced; many were physically handicapped or were suffering from severe psychological stress; and child soldiers were common. By the end of 1991, some form of food and medical assistance had reached over 900,000 persons. About 20 per cent of school-age children had resumed classes and essential supplies of clean water had been restored on a limited basis in Monrovia. Yet the conditions required to rebuild Liberia, even to levels of social and economic development known before the war, do not exist.

Programme cooperation, 1991

3. In June 1990, with the suspension of UNICEF activities in Liberia, previous plans to formulate a five-year country programme recommendation for 1991-1995 were halted. Since the resumption of activities in November 1990, all UNICEF assistance has been implemented as an emergency programme. Major support was given by the international donor community to UNICEF appeals launched in December 1990 and August 1991, as part of overall United Nations appeals, for a combined total of $18.5 million. By the end of 1991, almost $8 million in emergency programme funding had been allocated. UNICEF added further to this sum with approximately $2 million from combined 1991 general resources, reprogrammed global reserve allocations and supplementary funds.

4. At the end of 1990, surveys of greater Monrovia indicated a very high crude death rate and an incidence of child wasting as high as 19 per cent. In 1991, activities focused on: (a) improving the overall health status of populations (a decrease in mortality, morbidity and malnutrition rates) through increased availability of services (adequately equipped and staffed health facilities, access to nutritional screening and counselling and availability of essential drugs); (b) increasing quality of case management and clinical assessment of the principal causes of infant, child and maternal mortality; (c) increasing utilization of services; and (d) providing management support (health information systems, essential drugs and medical supply procurement and distribution, training and supervisory support). An amount of $5.5 million was allocated to various activities carried out by 10 international non-governmental organizations (NGOs).

5. UNICEF provided $300,000 for vaccines, cold-chain and vaccination equipment and logistical and operational support to Médecins sans frontières (Doctors without Borders) (Belgium), Médecins sans frontières (France) and Goal (Ireland) to provide immunization services through a combined mass campaign and fixed-centre strategy. Based on an initial survey in greater Monrovia, the results were very encouraging: 79 per cent coverage for anti-tuberculosis vaccine; 75 per cent coverage for combined diphtheria/pertussis/tetanus vaccine (DPT) and for poliomyelitis; and 80 per cent coverage for measles. Only limited activities, mostly to stop the

spread of measles, have been conducted outside Monrovia because of security restrictions. Complete coverage levels in these areas, therefore, are assumed to be very low.

6. Considerable efforts were undertaken to restore and revitalize health service facilities. In cooperation with SWEDRELIEF, UNICEF established a fully equipped, 150-bed field hospital in Monrovia. Throughout the country, essential drugs and other medical supplies and equipment were provided to over 80 health facilities serving a population of approximately 900,000. Other activities included: the establishment of a pilot maternal and child health (MCH) programme in 14 health centres at Monrovia; the revitalization of the National Drug Service (comprising five regional depots and one larger facility at Monrovia); and the formulation of a health information system based on sentinel surveillance.

7. UNICEF interventions in nutrition, for which approximately $250,000 was allocated, were directed chiefly to surveillance and rehabilitation. Over 20,000 malnourished children were treated in 50 supplementary and 20 intensive feeding centres; standard surveying methodology was established by UNICEF and adopted by all NGOs; and a clinic-based monitoring system was established for both Monrovia and the rest of the country with personnel trained in its application. As a result of these efforts, the proportion of wasted children dropped from 19 to 4 per cent over a three-month period. Child feeding activities were extended to areas outside Monrovia, where approximately 50 centres are now operating. Special feeding programmes have also been established for additional target groups, most notably 65,000 students in 138 schools at Monrovia.

8. In September 1990, Monrovia's urban water and electricity systems were not functioning. UNICEF, in conjunction with Médecins sans frontières (Belgium) and the International Committee of the Red Cross (ICRC), became involved in a programme to restore these services and to provide alternative water supplies to vital health, nutrition and social service facilities. Over the last year, nearly $1.8 million was allocated to an emergency relief programme encompassing electrical power generation and distribution, water treatment and distribution, surface water drainage, sewage network cleaning, the construction of hand-dug wells, emergency water reserves in over 90 social service facilities and cholera control and prevention in the high-risk zones of Monrovia, Buchanan and upper Nimba county.

9. The resumption of educational activities is seen as vital. However, UNICEF inputs have been limited because the formal educational system did not function again until September 1991, after a disruption of almost 18 months. By October 1991, 44 per cent of Monrovia's primary school-age children had returned to class in 138 schools, and their numbers were increasing daily. Outside Monrovia, enrolment levels were negligible - fewer than 5,300 students. UNICEF support totalling $150,000 was provided in the form of basic school supplies, equipment and technical assistance for a school feeding programme, implemented with the support of the World Food Programme (WFP) and the Adventist Development and Relief Agency. These funds also supported the

national supervisory committee charged with school accreditation, counselling training and, in collaboration with the Lutheran World Service, the production of instructional materials.

10. The destruction, trauma and social fragmentation unleashed by the civil war have necessitated a wide range of special activities in support of victimized families and their children. UNICEF, along with Foster Plan International, Médecins sans frontières (Belgium), ICRC, Save the Children Fund (SCF), the Christian Health Association of Liberia, the Catholic Archdiocese of Monrovia and other local groups, has addressed the problem through various programmes providing both protection and rehabilitation to 1,300 orphaned and abandoned children and psychological care for persons in, or affected by, atrocities committed during the war. UNICEF funding of approximately $250,000 has covered psychological counselling services for former combatants by health, educational and church workers; the provision of housing, food and medical care in eight temporary orphanages and three shelters at Monrovia; vocational and literacy training to disadvantaged youths; the training of psychological counsellors; an agricultural project for unaccompanied children; the establishment of a national accreditation board for orphanages and shelters; and a tracing and family reunification project. Studies conducted by UNICEF include a survey of over 500 street children at Monrovia and an assessment of prospects for the rehabilitation of the physically handicapped.

11. In the areas of social mobilization and advocacy, most efforts have focused on the rights of the child. All parties to the conflict have been contacted directly by UNICEF on related issues, although the responses from opposition groups to the interim Government in Monrovia, which remain at war, were at best vague. Nevertheless, this effort increased the attention given by most national groups to programmes in favour of children at risk, namely, former combatants, orphans and abandoned and street children. The most notable social mobilization effort centred around mass immunization activities throughout greater Monrovia. The publication of a special press kit on Liberia, created with the assistance of UNICEF information experts from New York and the Regional Office for West and Central Africa, is expected to create further awareness among donor countries of Liberia's plight.

12. Under the overall direction of the United Nations Special Coordinator for Emergency Relief Operations for Liberia, an effective relief programme was implemented by United Nations agencies and NGOs. This was confirmed by a rapid evaluation of the initial phase of the UNICEF programme, the Nordic package of assistance and SWEDRELIEF operations at Monrovia. An assessment mission carried out by UNICEF and SWEDRELIEF in March 1990 showed that these relief efforts have had a significant impact. Complementarity between the United Nations and NGOs was also demonstrated; both before and during the period that the United Nations was not operating in the country, international NGOs carried on work in the field.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health/nutrition	292	292	292	876
Water supply and sanitation	80	80	80	240
Education	174	174	174	522
Children in especially difficult circumstances	128	128	128	384
Programme support	326	326	326	978
Total	1 000	1 000	1 000	3 000

13. UNICEF assistance during this short programme cycle will be based on the objectives and activities presented in the UNICEF consolidated emergency appeal issued in August 1991. The transition from the emergency phase to rehabilitation and support for long-term development will depend to some extent on an improvement in 1992 in the political situation in the country. At Monrovia, this transition has already begun. Accordingly, the overall programme goal will focus on the restoration of permanent service delivery in the areas of primary health care (PHC), rural water supply, formal education at the primary school level and social service programmes for target groups especially affected by the war. The emergency-oriented support provided in 1991 to Monrovia's public utilities (electricity and water) will be phased out. Depending on progress made in the peace process and in the establishment of a national Government, a new programme of cooperation for a five-year period will be presented to the 1994 Executive Board.

Programme strategy

14. The excellent inter-agency collaboration, established both within the United Nations system and with NGOs, will be the mainstay of future programme planning and implementation. Specifically, the collective screening and approval of programme proposals, carried out by technical subcommittees composed of all concerned national and donor groups, will be preserved under the overall coordination of the United Nations Special Coordinator for Emergency Relief Operations in Liberia. Among United Nations agencies, this working arrangement should lead to coordination of programme cycles and much more effective and cost-efficient interventions. This will also furnish a framework for formulating a national plan of action pertaining to goals and objectives set forth at the World Summit for Children. UNICEF will continue to implement projects through NGOs and community participation in the field,

while seeking to assist the national authorities, where feasible, to assume more control and responsibility. As to the issue of mobilizing financial resources for programme implementation, UNICEF will rely initially on the international community's response to the emergency appeal for Liberia. An updated appeal is likely to be launched in early 1992.

Health and nutrition

15. The specific objectives of the proposed programme include: (a) re-establishment of a network of PHC facilities throughout the country (21 hospitals, 132 health centres and clinics and 20 first-aid posts); (b) strengthening of the expanded programme on immunization (EPI) to secure adequate levels of vaccination coverage; (c) extension of the National Drug Service and regional depots to ensure adequate drug and other medical supplies; (d) extension of health information into a routine reporting system to provide epidemiological and management information; and (e) development of a community health education programme to provide public information regarding the availability of services. The guiding strategy in the programme will be the Bamako Initiative. UNICEF is prepared to play an active role in the formulation of the new health policy.

16. Directly related to the health centre objectives is the use of nutrition surveillance methods to monitor the levels of malnutrition of the population and to implement nutritional rehabilitation of specific "at-risk" groups. Education about breast-feeding, weaning and child feeding will be included in the nutritional component of the comprehensive MCH project. Information provided through nutrition surveillance will be used to develop more coherent food and nutrition policies for the country.

Water supply and sanitation

17. In Monrovia, support for power supply generation and distribution, upon which the urban water supply and sewage systems depend, is to terminate in 1992, as soon as alternatives to UNICEF assistance are identified. Assistance to Monrovia's water treatment and distribution system will continue, however, through much of 1992, as will environmental sanitation activities designed to minimize the risk of any major epidemics. Additional emergency programme activities become feasible only at the end of 1991, thus requiring support in 1992 to repair and maintain nine Liberian Water and Sewage Company out-stations. During 1993-1994, the focus of UNICEF support will return to the rehabilitation and construction of water supply and sanitation facilities in rural areas and for marginalized urban populations. To complement these efforts, UNICEF will provide hygiene education, prevention and management of diarrhoeal diseases and programme-related communications, information and education. Moreover, the programme will direct resources towards institutional capacity-building for improved management of the sector and advocacy at all levels.

Education

18. With the availability of schooling far below pre-war levels, a major undertaking will be required to restore the nation's education system. UNICEF assistance will be directed to the pre-primary and primary-school levels and will be concentrated in the following areas: (a) training of trauma counsellors and in-service training of teachers; (b) instructional materials production, including those formerly developed with funding from USAID; (c) the construction, renovation or rehabilitation of school buildings, including the supply of furniture; (d) provision of basic supplies and equipment; and (e) the expansion of the school feeding programme, with food supplied by WFP, to all parts of the country. UNICEF will direct the major portion of its resources through a network of 150 community education centres which will offer training in basic literacy and numeric skills, as well as trauma counselling services, to the student population and the community at large.

Children in especially difficult circumstances

19. UNICEF will continue to expand its work in the following areas: (a) the temporary provision of shelter, food and medical care to indigent groups of children, in collaboration with Foster Plan International and SCF; (b) literacy and vocational training of disadvantaged youth with SCF and the Catholic Archdiocese; (c) tracing and family reunification with ICRC and Médecins sans frontières (Belgium); (d) counselling for former combatants and other children affected by war; (e) counsellors' training; and (f) training for income-generating activities. Other participating partners will be the Christian Health Association of Liberia and the A.M.E. Zion College. A plan of action to establish a rehabilitation centre for the physically handicapped will be developed.

20. Fund-raising, public information and children's rights constitute an information/communications strategy directed at both international and national audiences. Within the country, the role and responsibilities of international, particularly United Nations, relief agencies require further initiatives aimed at the forces of the National Patriotic Reconstruction Assembly. Efforts to explain the rights of the child and of civilian populations in time of war will be expanded. In order to focus attention once again on Liberia, the international media will be encouraged to visit and report on developments. The visit of a UNICEF Goodwill Ambassador has been proposed for 1992.

Planning and social statistics

21. As the emergency programme recedes, normal programme planning and review activities will be reinstated progressively. UNICEF will support activities leading to a new five-year programme of cooperation and data analysis for preparation of a situation analysis of women and children. UNICEF will also support the Government in the formulation of a national programme of action.

Programme support

22. The importance of ensuring critical staffing and logistical and operational support to a programme as varied and demanding as that of Liberia will be addressed by allocating a portion of regular programme funds. Requirements of the UNICEF country office at Monrovia for the remainder of the emergency period and through 1994, and those created by the proposed establishment of three emergency logistics offices in the interior of the country, will be critical to the implementation of the programme.

II. SOMALIA

Basic data* (1990 unless otherwise stated)

U5MR: 215	Child population (0-15 years): 3.7 million
IMR: 127	Literacy: 17 per cent
GNP per capita: $170	Access to health services (urban/rural): 50/15 per cent

One-year-olds fully immunized against:

Tuberculosis:	30 per cent (1985)
Diphtheria/pertussis/tetanus:	22 per cent (1985)
Measles:	35 per cent (1985)
Poliomyelitis:	22 per cent (1985)

Pregnant women immunized against:

Tetanus:	29 per cent (1985)

The situation of women and children

23. The fierce four-week battle in December 1991 for the control of Somalia's capital, Mogadishu, between government troops and forces loyal to the United Somali Congress, left in its wake a tragedy unprecedented in the country's history. As many as 3,000 inhabitants of Mogadishu were killed in the battle, with an estimated 10,000 injured. A staggering 4.5 million persons have been affected nationwide and approximately 2 million are homeless. The war has exacted a tremendous loss of lives and property. More than 500,000 children have been deprived of food and shelter. Houses, schools, health facilities, water systems, power and other public installations have been systematically

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* The 1992 statistics on children in UNICEF-assisted countries do not reflect the impact of recent upheavals in Somalia.

looted. An estimated 60 per cent of the basic infrastructure was destroyed and 80 per cent of vital social services no longer function. In addition to the rampant killings, pillaging and destruction that left large parts of the country in total ruin, a massive displacement of persons occurred as thousands sought refuge in their clan homelands. For all practical purposes, Somalia is now a dislocated and disintegrated society.

24. The massive disruption has fragmented the country into four areas. The north has declared independence as the reconstitution of the former territory of Somaliland. This is contested by Mogadishu-based factions and is not recognized by any country thus far. The north-east continues to run its affairs independent of all other parts of the country. In the centre of the country the struggle for control of Mogadishu dominates every facet of life. The south threatens to declare itself a republic. As a normal five-year programme of assistance is not viable, this three-year bridging recommendation was prepared.

25. The infant mortality rate (IMR) and under-five mortality rate (U5MR), at 127 and 215 per 1,000 live births, respectively, in 1990, have no doubt risen. The prevalence of the epidemiological problems that affect children and women has been aggravated by the disruption of basic health services. A recent World Health Organization (WHO)/UNICEF needs assessment revealed that the prevalance of diarrhoeal diseases is high, accounting for about 40 per cent of overall deaths, most of them among children. Measles is now estimated to cause 15 per cent of child deaths. Surveys conducted in the north and in Mogadishu reveal a malnutrition rate of 30 to 40 per cent. Injuries from gunshots and mines, especially in the north, have been responsible for about 15 per cent of deaths in Somalia. In the north, relative peace and stability are attracting thousands of refugees back from camps in Ethiopia. Shelter, food, water and mine removal are needed urgently. Nomads, who constitute over 40 per cent of the population, have come to cities because their herds of camels, goats and sheep have been depleted as a result of drought and disruption of water supply and veterinary services. It is estimated that three out of every five families qualify as vulnerable. In the south a significant percentage of the nomadic population has abandoned traditional lifestyles and taken up guns, thus adding to the insecurity and instability. The sedentary agricultural community, comprising 20 per cent of the population, has lost its means of production and has been rendered destitute. Many have been compelled to go to urban areas in search of security and survival.

26. Given physical insecurity and the absence of basic services, the clan units assume even greater importance as people revert to traditional coping mechanisms, particularly the intra-clan distribution of resources. These mechanisms range from sharing food, shelter and clothing to financial and moral support. Yet clan resources are being stretched beyond capacity as ever more impoverished persons are placing claims upon diminishing resources. The nutritional status of the most disadvantaged groups is a concern, particularly among children and women, those isolated from clan support and persons disabled by the war.

27. The roots of the political and economic crisis lie in low productivity and extreme centralization of political power and patronage in one sub-clan. This has led to the uneven distribution of resources and endemic inter- and intra-clan conflict. As a supplier of primary products, mainly livestock, the Somali economy regressed and external debt increased as the price of its exports have fallen relative to that of manufactured imports. Clans in power have tried to maximize their share of the shrinking resources.

28. Despite massive foreign assistance, including UNICEF interventions, in the 1980s, the conditions of children and women in Somalia progressively deteriorated as civil unrest extended to most parts of the country and the Government diverted resources to military uses. Expenditure in health and education sectors relative to total government budget declined from 7 and 6 per cent, respectively, in 1980 to virtually nothing in 1990. Alarming data from a recent nutrition survey confirmed that 30 per cent of children are malnourished.

Programme cooperation, 1988-1992

29. The 1988-1992 programme of cooperation sought to reduce IMR, U5MR and the maternal mortality rate and to ensure the survival and well-being of children. Strengthening managerial and supervisory capacity at the government and community levels and improving the delivery of basic health, education and water supply and sanitation services were key strategies. As the programme environment deteriorated, UNICEF was compelled to limit its presence and reduce activities in Mogadishu and other major towns. This contributed to the fortification of an already highly centralized government, to the detriment of the periphery. The imbalance in programme coverage and scope led the mid-term review of August 1990 to conclude that national programmes were failing to reach target populations.

30. The mid-term review, in which key government ministries participated, recommended the following: (a) reorganization of PHC services, strengthening of management capacities at all levels and tightening of controls on UNICEF inputs; (b) promotion of a transparent management system; (c) involvement of community leadership in planning, management and evaluation of basic services, linking incentives paid to government staff to clearly defined performance criteria; (d) promotion of area-focused programming as a strategy for effectively targeting assistance to vulnerable groups; (e) allocation of at least 60 per cent of all UNICEF resources to area-focused activities, with no more than 30 per cent utilized at the central level; (f) preparation of a national plan of action for education to increase allocations to the rural service sector; and (g) formulation of a programme of long-term sustainability to include disaster relief training at the community and district levels and promotion and enhancement of social mobilization.

31. Institutional and security constraints notwithstanding, UNICEF managed to establish an effective cold-chain system in 75 out of the 92 districts in the country. With 135 centres providing routine vaccinations, coverage in selected areas has been raised to 37 per cent for three doses of DPT and

69 per cent for one dose of tetanus toxoid. Through training of 120 village-level workers in three diarrhoea training centres, as well as provision of sachets, levels of utilization of oral rehydration salts (ORS) have increased from virtually nil in 1983 to 52 per cent in 1989. The promotion of health education was conducted at all 107 MCH centres. Almost 80 per cent of all essential drugs were provided by UNICEF. Six of the country's 18 regions now regularly receive drugs. UNICEF also constructed a 1,000 square metre warehouse for essential drugs and trained 18 pharmacists in drug management. In conjunction with the Ministry of Interior and the Ministry of Health, UNICEF developed a disaster preparedness programme focusing on training in survey methodologies and disaster surveillance.

32. As part of joint United Nations emergency relief activities in northern Somalia, UNICEF participated in 1989 and 1990 in the Extraordinary Interim Emergency Programme, providing an integrated package of EPI, oral rehydration therapy (ORT), antenatal care, basic curative services, nutrition promotion and water supply and sanitation. The services were targeted to reach the majority of displaced and refugee children and women in Boroma and 10 surrounding villages. In only a few months, the programme managed to expand coverage to a cross-section of the population. Some 75 per cent of children under one year of age were vaccinated, and 68 per cent of the population received protection with tetanus toxoid.

33. Lessons learned from the past programme of cooperation are best illustrated by the performance of the area-focused programmes. These programmes, concentrated in Lower Juba (Kismayu) and Middle Shabelle (Jowhar), made substantial progress in providing basic health services, education, water supply and sanitation and capacity-building for a large portion of the population outside Mogadishu. The strong presence of UNICEF in the selected areas facilitated the effective targeting of assistance, involvement of local authorities and community leaders in project planning and implementation and close monitoring for rapid course correction. The mid-term review recommended this approach for expansion and replication throughout the country.

34. As a response to the emergency situation, UNICEF has provided $7.3 million in relief assistance to Somalia since January 1991. Over 60 per cent of the assistance, comprising medical equipment and supplies, supplementary food and shelter material, were delivered to Mogadishu and the rest to the northern part of the country. Most of the assistance was channelled through such NGOs as Médecins sans frontières (Holland), German Emergency Doctors, Italian Caritas, SCF (United Kingdom) and ICRC in the north, and Médecins sans frontières (France), SCF (United Kingdom), ICRC and SOS in the south. The assistance was directed at re-equipping and restoring MCH centres and regional hospitals, thereby reactivating the delivery systems; rehabilitating the water supply in the major towns, especially Hargeisa and Berbera, in the north; and re-establishing the long-abandoned education system in the north where security conditions have stabilized somewhat and UNICEF presence is strong. Significant achievements have been made. In the centre of the country, the changing political and security situation continues to hinder the delivery of humanitarian assistance. Despite this, since

December 1991, following special clearance from the Secretary-General to return to Somalia, UNICEF now has an effective presence in Mogadishu. This, coupled with the provision of relief supplies and air transportation to NGOs, has improved programmme delivery. To respond to the high number of war casualties in Mogadishu and to the thousands of displaced persons living in the most squalid conditions on the outskirts of the city, UNICEF is providing urgently needed surgical equipment and emergency health services. These efforts will be greatly enhanced when matched with effective food supply and distribution and provision of shelter materials. In the southern area of Kismayo, UNICEF has established a presence through an international NGO to give much-needed assistance, especially in the health field. Strengthening the capacity of Somalian NGOs to collaborate with communities in emergency programmes is an important UNICEF focus.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health	665	665	665	1 995
Nutrition	166	167	167	500
Water supply and sanitation	729	729	729	2 187
Education	312	311	311	934
Advocacy and social mobilization	152	152	152	456
Programme support	506	506	506	1 518
Subtotal	2 530	2 530	2 530	7 590
Supplementary funding				
Health	1 100	2 201	2 201	5 502
Nutrition	276	552	552	1 380
Water supply and sanitation	1 206	2 411	2 412	6 029
Education	518	1 036	1 035	2 589
Subtotal	3 100	6 200	6 200	15 500
Total	5 630	8 730	8 730	23 090

35. Despite the emergency situation, this three-year bridging programme aims to reactivate basic services in health, nutrition, water supply, sanitation and education within a network of area-focused programmes, in the context of emergency rehabilitation.

36. The devolution of power to community leadership, which has been strengthened by the influx of highly trained personnel from the capital, has created an environment which will enable a fundamental redirection of the country programme. The programme intends to involve community leadership, local authorities and NGOs in order to integrate and sustain services. Relief and rehabilitative assistance will strengthen traditional coping mechanisms and support the self-help initiatives of the population, initially to assure survival of vulnerable groups. The programme will gradually move from a rehabilitative to a broad-based community development approach, as conditions permit.

Planning, programme support, monitoring and evaluation

37. UNICEF will help to build capacity at national, regional and district levels for policy-making, planning and monitoring. This will enable the Government to guide and support local initiatives. It will also advocate the gradual introduction of the principles of the Bamako Initiative, particularly the decentralization of decision-making, involvement of community leadership in basic service management and implementation of cost-sharing, as the situation permits.

38. It will be necessary to restructure the UNICEF country office in response to the fragmentation in the country. The office of the UNICEF representative will remain at Mogadishu. Sub-offices will be established at Hargeisa and Kismayu and, networking with nine out-stations, will run urban and rural area-focused programmes. The Djibouti and Nairobi bases that currently supply vital back-up support to the UNICEF emergency programme will continue to facilitate supply operations, but their size and importance will diminish as conditions normalize in the country.

39. A programme monitoring system will be developed to measure progress of objectives, outputs and activities. It will also measure coverage and accessibility of services. This integrated model will be used to analyse bottlenecks and define timely corrective action. The information gathered through participatory assessments and from selected studies in each sector will furnish baseline data needed to monitor progress. This will help in the preparation of a situation analysis and country programme recommendation for presentation to the 1994 Executive Board. An evaluation plan is contained in the master plan of operations.

Area-focused programmes

40. Each area-focused programme will combine sectoral interventions in health, water supply and sanitation and education. The nature, timing and

organization of these interventions will vary with the needs and priorities of the communities, as well as with the level of security in focal areas.

41. Transition from relief to rehabilitation will occur much sooner in the North, where conflict ended early in 1991. However, that region will require more investment to build government capacity, as institutions that previously served regional functions exist in only embryonic form. Water projects in rural areas serving livestock as well as human needs will be a high priority to revitalize the economy and guarantee household food security.

42. The centre and south of the country continue to experience instability and armed conflict, especially at Mogadishu. Emergency interventions will initially reactivate basic services in these areas until conditions permit a more community-based approach. Seeds, hand-tools and technical and material support to rehabilitate small-scale irrigation projects may serve as entry points in agricultural communities.

43. As an initial step to meet urgent health needs, UNICEF and WHO have collaborated closely in the identification of major concerns. The priority will be to reactivate basic health services. UNICEF will rehabilitate structures and services of the maternity, paediatric and out-patient wards and laboratories of 20 out of the 70 district hospitals. Thirty-five of the 107 MCH centres which previously offered only preventive services will be re-equipped and assigned doctors and other staff to provide a complete range of basic health services. UNICEF will also equip and supply 1,000 health posts to provide basic curative care at the village level. Transport will be supplied to district hospitals and health centres, which will provide outreach services to the nomadic populations and will undertake supervision and monitoring of health activities in the rural catchment areas.

44. In-service training will be organized for all staff - village-level workers (including village health workers and traditional birth attendants) and local community leadership - to enable them to participate in the planning and management of basic services. UNICEF will provide appropriately designed essential drug kits for each level of service, plus training materials and associated training expenses.

45. In recent months in northern Somalia, UNICEF has implemented EPI activities through NGOs at Berbera, Hargeisa, Borama, Burao and nearby villages. This process will be accelerated. The central cold stores in the three regional centres and the cold-chain system in all health facilities will be re-established. The programme will provide vaccines and vaccination equipment and clinic cards for antenatal care and for children under five years of age. It will also support planning, management and reporting procedures, retraining and supervision at all levels. As few areas outside Mogadishu benefited from EPI services in the past, all children under two years of age and women of child-bearing age will be targeted. Campaigns, in combination with animal vaccination activities, will supplement the efforts of static centres and serve populations in smaller communities. During 1992, the programme aims to vaccinate 110,000 children and 308,000 women to achieve

20 per cent coverage of full immunization. These targets will be doubled during 1993.

46. UNICEF will provide funds, equipment and ORS supplies. It will conduct refresher training for all health staff on ORT techniques and health education methods for the promotion of personal hygiene and household latrines. Health facilities will provide treatment to children, distribution of ORS and training for mothers in practical preventive measures and rehydration procedures.

47. The programme aims to encourage and support communities to establish or re-establish 250 primary school classes using volunteer teachers, many of whom have already begun teaching. Necessary utensils will be provided for school lunches. UNICEF will also equip and supply one vocational training centre in each of the three regions to train artisans. The centres will enlist disabled children and former child soldiers to build school furniture and repair school buildings. The Ministry of Education will be assisted in curriculum development, textbook preparation and the local production of teaching materials. These will feature practical life skills. UNICEF will also help the Ministry to organize in-service training for 1,000 under-qualified teachers, 250 primary school headmasters, 40 school inspectors and 86 district and 18 regional education officers. These training exercises will address the needs of traumatized children, methods to foster coping skills and peace education. Teachers will be assisted in developing curricula to integrate the child victims of war. Finally, a comprehensive sectoral assessment of the education system will be undertaken to fulfil the goals of the World Conference on Education for All.

48. UNICEF will establish a nutrition information system based on growth monitoring in 35 MCH centres. It will supply weighing scales, weight-for-height charts and such other growth monitoring equipment as child health cards to all health facilities. Health staff will be trained to make growth monitoring a routine part of every child's contact with health services. UNICEF will also organize nutrition surveillance studies and support supplementary and therapeutic feeding centres where conditions justify. To enhance household food security, UNICEF will help to re-establish an irrigation network and provide seeds and small hand-tools to vulnerable families in agricultural areas. It will also collaborate with specialized NGOs and the Government to organize livestock vaccination and other basic veterinary services for nomads. In urban areas it will help develop income-generating activities for impoverished women.

49. Water is one of the most pressing needs, especially in northern Somalia. UNICEF will reactivate the existing infrastructure, equip a donkey cart water distribution system and improve traditional sources of water, initially in the larger rural centres. UNICEF will move to smaller centres to construct new wells, harness springs and develop new gravity systems where possible. It will also extend water supply to nomadic pasturing points. These interventions will be accompanied by providing health education on the importance and methods of good water quality, by promoting the use of

household latrines and by developing innovative systems of public and private waste disposal.

50. At present hundreds of homeless persons occupy many schools and health facilities in most major towns. UNICEF will provide tents, blankets and cooking utensils to disadvantaged groups and to the war disabled. This will provide shelter and relief, while freeing these facilities for resumption of activities.

Social mobilization and advocacy

51. The current political situation precludes formal preparation and adoption of a national programme of action for children. Alternatively, advocacy will build on the Somali traditional code of conduct regarding the protection of children, women and elderly in times of war. Appropriate strategies will be adopted to promote the concepts of "a first call for children" and "children as zones of peace" among policy makers, elders and parties to the conflict.

52. Advocacy and development messages will be disseminated primarily through customary oral and interpersonal communication channels, using traditional poetry and drama. UNICEF will also help the national and regional radio stations and assist the proliferating number of newspapers to publicize these themes more widely.

53. Local communities in the various Somali regions have established committees of elders and NGOs to ensure community survival and protect children and women. UNICEF will build on this strong sense of self-reliance by involving communities in the planning, management and implementation of area-focused programmes. This will create a sense of ownership, ensure project sustainability and lead to desired behavioural changes related to child survival, development and protection.

Collaboration with other United Nations agencies

54. Given the flexibility inherent in its operational and country programme approaches, UNICEF will continue providing leadership to United Nations agencies. During the initial stage, UNICEF will work closely with other United Nations agencies, particularly the United Nations Development Programme (UNDP), WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP, sharing common facilities, and with international NGOs in the larger settlements. As capacity increases and conditions stabilize, UNICEF will move to the rural areas and work primarily with local NGOs and community organizations to build their capacity to mobilize community participation and plan and monitor development activities.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Ethiopia	49 500 000	7 650 000	1992-1994

A summary of the recommendation follows.

ETHIOPIA

Basic data (1990 unless otherwise stated)

U5MR: 220
IMR: 130
GNP per capital: $120
Child population (0-15 years): 23.5 per cent
Literacy: 75 per cent
Access to health services: 46 per cent

One-year olds fully immunized against:

tuberculosis:	29 per cent (1991)
diphtheria/pertussis/tetanus:	21 per cent (1991)
measles:	17 per cent (1991)
poliomyelitis:	21 per cent (1991)

Pregnant women immunized against:

tetanus:	6 per cent (1991)

Introduction

1. On 28 May 1991, what had been Africa's longest running conflict ended in Ethiopia. While there was relatively little bloodshed and destruction in Addis Ababa, the capital, the war was a long one of attrition. Government and UNICEF assessment missions in areas affected by conflict have indicated that much of the social infrastructure, particularly health, education and water supply facilities so essential to children and women were systematically destroyed.

2. During the Peace and Democracy Conference held in July 1991, it was agreed that the country would be administered by two authorities. Ethiopia, with an estimated population of 49 million, is administered by the Transitional Government of Ethiopia. Eritrea, with an estimated 3.5 million people, is administered by the Provisional Government of Eritrea. The programme being submitted to the Executive Board reflects that situation.

3. In 1988, the Executive Board approved funding for the period from mid-1988 through mid-1993 (E/ICEF/1988/P/L.3). As a consequence of the conflict and the administrative uncertainties that followed, the UNICEF planning process for the fourth country programme was interrupted. A programme bridging arrangement has thus become necessary in order to secure Executive Board approval for general resources and supplementary funds for the period 1992-1994.

The situation of children and women

4. An estimated 600 children under one year of age die every day in Ethiopia, mainly because of interrelated problems of underdevelopment, such as a low standard of living, food shortage, diseases, an inadequate socio-economic infrastructure and a lack of access to basic services. Diarrhoeal diseases cause high morbidity and mortality rates, especially among undernourished children. Acute respiratory infections (ARI), intestinal parasites, malaria and skin and eye infections are also common problems, as are protein-energy malnutrition, low birth weight and micronutrient deficiency disorders. Environmental degradation is both a cause and an effect of poverty, underdevelopment and child deaths. Recurrent drought contributes to a decline in agricultural production and undermines household food security. This in turn leads to malnutrition and disease, further exacerbating the rate of infant and child morbidity and mortality.

5. Childhood marriages continue to have a negative impact on girls, as do such harmful traditional practices as female circumcision. Arduous household chores, food production labour, nutritional taboos and too frequent, closely-spaced pregnancies sap women's energy, limiting their ability to participate in social, educational, economic and political activities. Deforestation, resulting in shortages of firewood, increases the burden on women, forcing them to travel long distances for fuel. Water collection imposes a similar burden. Food preparation, often under unsanitary conditions, is invariably the responsibility of women.

6. Complications associated with pregnancy, labour and delivery are among the major causes of maternal mortality. A family planning acceptance rate of only 2 per cent results in repeated pregnancies. On average, Ethiopian women bear seven children. Poor nutrition, including iron deficiency, makes them vulnerable to various ailments leading to anaemia. An assessment of body mass index in 1988 indicated that 16 per cent of all women had second or third degree chronic energy malnutrition. Many mothers suffer from "maternal depletion syndrome", which is caused by frequent pregnancies, prolonged lactation, heavy work and local food customs.

7. Only 18 per cent of the total population and less than 12 per cent of the rural population has access to potable water. Consequently, the majority of the people are exposed to polluted water and water-borne diseases. Less than 7 per cent of the total population uses latrines. An estimated 2 per cent of the total population has access to adequate refuse disposal systems. Few households have sufficient understanding of hygienic practices regarding food, water and washing.

8. Since surveys have not been conducted in large areas of the country for many years, data are not totally accurate. Nevertheless, both positive and negative trends related to the development of children and women have been noted. On the positive side, there has been a sharp increase in immunization

coverage, with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) coverage rising from 7 per cent in 1986 to 59 per cent in 1990. The adult literacy rate also increased from 62 per cent in 1986 to 76 per cent in 1990. Access to health services and potable water supplies showed marginal increases.

9. On the negative side, 30 years of civil conflict consumed resources essential for social and economic activities, disrupting services that could have saved children's lives. Most of the infrastructure for social services such as health, education and water supply were lost or destroyed during the conflict, as were much of the country's equipment, buildings, furniture, logistic support and human resources. Ethiopia is faced with rapid and, in many areas, irreversible environmental degradation, with forested areas reduced to less than 3 per cent of the land's potential. The total population of Ethiopia, including Eritrea, is estimated at 52.5 million, while the annual growth rate is 3 per cent (4 per cent in urban areas). The per capita gross national product is estimated at $120, while official development assistance is estimated at $9 per capita, among the lowest in the world. The primary school enrolment ratio of 34 per cent has not increased since 1986, and there is a clear disparity in favour of boys. There are an estimated 100,000 street children between the ages of 5 and 17 years in urban areas, with another 900,000 projected by the year 2000. The officially reported incidence of acquired immune deficiency syndrome (AIDS) increased from two cases in 1986 to 511 newly diagnosed cases by mid-1991. The total number of reported AIDS cases is now 1,253.

10. The major priority of both the Transitional Government of Ethiopia and the Provisional Government of Eritrea is to provide relief and rehabilitation assistance to people affected by drought and/or war. Existing relief and rehabilitation services are currently straining to provide adequate assistance to an estimated 6.4 million people affected by drought, 1 million soldiers and other displaced persons and 1.2 million refugees and returnees. Both authorities, while using different approaches, share the priorities of rehabilitation and development of the agricultural, health, water supply and sanitation, education and industrial sectors.

11. The Transitional Government of Ethiopia is considering a draft economic policy. In addition to providing relief and rehabilitation assistance, the aim of the policy is to create opportunities for individuals to take economic initiatives; to encourage private investors to participate in the development of the country; to allow regional and local administrations and communities to plan and implement local development projects; to seek foreign donor assistance to implement relief and rehabilitation projects; and to mitigate regional imbalances and promote long-term development.

12. Following the end of civil war in May 1991, the Provisional Government of Eritrea has quickly established a functioning administration with all line ministries operational, although in need of support. However, Eritrea is not yet recognized as an independent State. In the meantime, its legal position as an aid recipient is uncertain. It is not yet eligible, for example, for

development assistance under normal bilateral arrangements, nor for credits from international lending institutions such as the World Bank. However, United Nations relief agencies and some non-governmental organizations (NGOs) are providing humanitarian assistance to Eritrea with the full cooperation of the Provisional Government and the acceptance of the Transitional Government of Ethiopia.

Programme cooperation, 1988-1991

13. UNICEF assisted 45 projects in the areas of health, nutrition, water supply and sanitation, education, emergency assistance, area-based programmes and planning. External relations activities advocated and supported these endeavours.

Health

14. Strengthening management coordination and integration of health services at the awraja (district) level was a priority. Support was provided for the training of health personnel, decentralized management, new strategies for community participation, regular planning and monitoring meetings at regional levels and improved intersectoral coordination. These efforts resulted in a dramatic increase in immunization coverage. Coverage of DPT3 rose from 7 per cent in 1986 to 59 per cent in 1990, setting the stage for better coordination of maternal and child health (MCH) interventions at the awraja level.

15. UNICEF supported the training of health workers, while health units were provided with medical and cold-chain equipment, other supplies and transport. Services for mothers and children, including family planning, were carried out in most health facilities, but coverage rates remained low for antenatal care (16 per cent), delivery services (5 per cent) and family planning (2 per cent). The oral rehydration therapy usage rate is estimated at 22 per cent. Community health services were strengthened through the training of community health workers (CHWs) and traditional birth attendants (TBAs). The preparatory phase for initiating the Bamako Initiative was completed, indicating that favourable conditions exist for its fuller implementation.

Nutrition

16. UNICEF support focused on household food security, child care and mothers' knowledge of appropriate feeding practices. Support was provided for the development of a national food and nutrition strategy aimed at achieving national and household food security. At the national level, activities receiving UNICEF support included capacity-building, the establishment of food and nutrition surveillance systems and of a data bank within the Food and Nutrition Unit of the Office of the National Committee for Central Planning. Studies to support household food security were undertaken, particularly through the UNICEF/World Health Organization (WHO) Joint Nutrition Support Programme (JNSP). Nutrition education and training activities were revised, making them more problem- and target-oriented. The coverage of growth

monitoring was expanded. Activities to control micronutrient deficiencies were strengthened through prevalence studies, advocacy training, the supply of micronutrient supplements and quality control mechanisms. The iodine deficiency disorder (IDD) project was strengthened with the inauguration of the iodation units at Assab Salt Works. Emphasis was placed on emergency nutrition interventions in the Ogaden and Eritrea.

Water supply and sanitation

17. The major policy interventions were advocacy for increased donor coordination leading to standardized, low-cost, community-managed technologies to support a national water supply and sanitation sector plan. In order to raise water supply and sanitation coverage from 18 and 7 per cent of the population, respectively, activities included fitting boreholes with hand- and power-pumps; digging hand-dug wells, gravity-fed schemes from protected springs and ventilated improved pit (VIP) latrines; rehabilitation of defunct schemes; operation and maintenance; and training and sector monitoring. Emergency water supply and sanitation projects became increasingly important because of the escalating drought and refugee situations.

Education

18. UNICEF supported educational interventions related to child survival and development (CSD). Advocacy for the implementation of the goals of Education for All was a high priority. Major areas receiving support were pre-primary and primary education, including curriculum development and teacher training; non-formal education, including post-literacy and basic development education; educational planning and inspection; and the development of educational mass media.

Area-based programme

19. UNICEF assistance included support to both urban and rural communities and focused on the integration of health services with child development activities and potable water supply and sanitation projects. Grinding mills were provided to women to generate income and to reduce their drudgery. Communities were mobilized and involved in needs identification and programme planning and implementation through greater intersectoral coordination in order to provide basic services to underserved and vulnerable population groups.

Planning

20. UNICEF cooperation focused on policy development, advocacy, data collection, programme planning, coordination and monitoring. Attention was also directed at the goals adopted by the World Summit for Children. Data collection focused on improving the statistical profile of children and women, while programme-related support was aimed at enhancing programme preparation, implementation and coordination. UNICEF and other United Nations agencies

coordinated their programmes under the Joint Consultative Group on Policy (JCGP) and the United Nations Emergency Prevention and Preparedness Group.

Emergency operations

21. Assistance included the provision of supplementary food, feeding utensils and shelter materials; basic health and medical supplies; and drinking water, through the rehabilitation and development of water sources and sanitation facilities. Appeals were made for non-food aid. Support was provided to the Government's early warning system to strengthen and refine its monitoring capacity; to help it to manage national food security better; and to improve planning for disaster preparedness and prevention programmes.

External relations

22. Increasing donor awareness of UNICEF-assisted projects and fund-raising activities was the major focus of external relations activities. UNICEF also advocated the adoption of the Convention on the Rights of the Child and the preparation of national programmes of action that take into account the national goals for the 1990s. Articles and photo reportage on successful programmes were disseminated through international and local media, and press conferences and meetings were organized on the World Summit for Children, the State of the World's Children report and the Day of the African Child.

Programme implementation

23. Programme implementation during the period under review was constrained by increasing conflicts in certain areas in the north; the mobilization of human resources and financial resources to the war effort, resulting in limited government personnel and financial resources; and the temporary closure of the ports of Massawa and Assabou. The dismantling of mass organizations, as a result of the change of Government, affected programme operations at local and community levels. The establishment of two administrations meant that a revision of operational procedures was necessary.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health/Ethiopia	4 700	4 700	4 700	14 100
Health/Eritrea	600	600	600	1 800
Nutrition/Ethiopia	560	560	560	1 680
Nutrition/Eritrea	100	50	100	250
Water supply and sanitation/ Ethiopia	3 000	3 000	3 000	9 000
Water supply and sanitation/ Eritrea	250	250	250	750
Education/Ethiopia	1 900	1 900	1 900	5 700
Education/Eritrea	350	400	350	1 100
Area-based programmes/Ethiopia	3 370	3 370	3 370	10 110
Programme support/Ethiopia	1 180	1 180	1 180	3 540
Programme support/Eritrea	150	150	150	450
Emergency/Ethiopia	290	290	290	870
Emergency/Eritrea	50	50	50	150
Subtotal	16 500	16 500	16 500	49 500
Supplementary funding				
Health/Eritrea	600	600	300	1 500
Nutrition/Eritrea	400	400	200	1 000
Water supply and sanitation/Eritrea	700	700	350	1 750
Education and literacy/ Eritrea	600	600	300	1 500
Integrated basic services/ Eritrea	460	460	230	1 150
Children in especially difficult circumstances/ Eritrea	300	300	150	750
Subtotal	3 060	3 060	1 530	7 650
Total	19 560	19 560	18 030	57 150

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Programme strategies

24. Since the cessation of hostilities in May 1991, dramatic changes have taken place in Ethiopia, affecting the lives of children and women and the ability of UNICEF to assist them. The UNICEF programme strategy addresses an altered and still changing situation, and long-term planning, policy formulation and strategy are difficult. UNICEF is responding to the situation with a flexible programming approach. Emergency and reconstruction interventions will be used to extend programme delivery to previously inaccessible, war-torn or drought-affected areas as they will provide long-term, sustainable benefits. The rehabilitation of health, education and water supply facilities are certain priorities. The magnitude of the problems in these sectors is only now becoming apparent.

25. The proposed programme of cooperation encourages the new authorities to build on the successful experiences of the third country programme, while responding to the opportunities that peace has brought to children and women. Over the next three years, an adaptive strategy will be needed. The proposed programme stresses the need to increase emergency and rehabilitation assistance to the especially vulnerable children and women affected by conflict, drought and instability.

26. Preparation of the fourth country programme of cooperation between UNICEF and the Government of Ethiopia for the period 1992-1996 was in its final stages when the changes occurred. The mid-term review that was conducted in November 1990 had identified certain gaps that needed to be addressed. It recommended that the area-based approach be the main programming thrust and stressed the importance of monitoring the impact of programme delivery on children and women. One major strategy it identified was the need to respond to new challenges and opportunities with a creative programming approach, using adaptive decentralized strategies to ensure that proposed objectives could be attained. The need still exists.

27. The proposed bridging programme has been thoroughly discussed with the two administrations. Through regular programme and emergency interventions, the programme will support government efforts to reduce infant, under-five and maternal morbidity and mortality rates; to reduce severe and moderate malnutrition in children; to increase opportunities for meeting the basic learning needs of children, youth and adults, especially girls and women; to reduce water-borne diseases by increasing access to potable water supplies and sanitary means of excreta disposal; to promote the planning and implementation of integrated basic services (health, household food security, water supply, sanitation and education) through an area-based approach; to advocate the attainment of national goals and to improve sectoral monitoring capacity; to assist key institutions in capacity-building for sustainability; to incorporate a communications component and gender-responsive planning in programmes; and to safeguard the lives of children and women in especially difficult circumstances. Specific coverage and target population will be clarified in an annual plan of action as and when government policies become much clearer.

Ethiopia

28. Health. The programme will assist the Ministry of Health to expand and sustain the effective delivery of integrated MCH services in order to reduce infant, under-five and maternal morbidity and mortality rates and malnutrition in children. Specific interventions will include increasing static health services coverage to at least 50 per cent, for all components of services, to mothers and children; and emphasizing increased access by 1996 to selected key MCH interventions for an additional 25 per cent of the population through outreach and community health services.

29. This will include decentralized planning, implementation and monitoring. Support at the central level will be strengthened in the areas of planning, health management information systems, baseline data gathering for monitoring, finance and logistics management and health education. Local management will be strengthened for the community-based health services of the expanded programme on immunization (EPI), control of diarrhoeal disease (CDD), ARI, growth monitoring and promotion, family planning, maternal health and safe motherhood practices, and the prevention of AIDS. Awraja primary health care (PHC) committees will also be the focal point for establishing cost-recovery and revolving drug fund schemes to strengthen awraja-based services within the framework of the Bamako Initiative. Monitoring meetings will be adapted according to newly evolving community structures.

30. Nutrition. At the national level, support will be provided to secure ratification and implementation of the national food and national strategy, which aims at national food self-sufficiency and household food security through multisectoral inputs. In line with the strategy and the national disaster preparedness plan, support will be given to nutrition surveillance systems in order to assist relief, development planning and interventions. Coverage of nutrition service delivery, including community-based nutrition activities, will be expanded through the district health management systems, focusing on training and strengthening of management and monitoring systems. The implementation of national strategies on micronutrient deficiency control, including revitalization of salt iodation at the Assab Salt Works and widespread distribution in Ethiopia, will be promoted through advocacy and necessary support to the Ministry of Health.

31. Water supply and sanitation. The programme will assist the Water Resources Commission and the Ministry of Health to increase, by 1996, access to potable water supplies from 19 to 22 per cent and sanitary means of excreta disposal from 7 to 12 per cent. Lessons learned during the third country programme and the recommendations of the mid-term review will be incorporated in strategies and activities to be supported through the Water Resources Commission and the Ministry of Health. UNICEF will continue to advocate a national water supply and sanitation plan, stressing low-cost, village-level operation and maintenance and managed technologies, standardized designs and hardware and a comprehensive training programme. Donor coordination and sector monitoring will be central to efforts to accelerate coverage. Emerging priorities include rehabilitation projects in previous conflict areas, with

standardized designs and hardware, operation and maintenance, supply of spare parts and training being introduced in line with long-term objectives. On-the-job training and subject-specific, short-term courses will be the immediate priority for capacity-building. Technologies to be supported will include small diameter boreholes and hand-pumps; spring protection linked to low-maintenance, gravity-fed distribution systems; hand-dug wells constructed with community participation; rainwater catchments; renewable energy systems; VIP latrines; and operation and maintenance.

32. Education. UNICEF will assist the Ministry of Education to increase opportunities for meeting the basic learning needs of children, youth and adults, with special emphasis on increased access for girls and women to provide them with the knowledge, skills and values to change attitudes, improve their living conditions and reduce maternal and child morbidity and mortality. Based on the action plan for education for all, the efforts of the Ministry of Education will be supported by rehabilitating and re-equipping schools and other educational establishments, with a focus on war-torn areas; expanding early childhood development and education by experimenting with low-cost, community-based interventions; developing primary school curricula and instructional materials in at least 10 national languages; orienting teachers to the new materials; training teachers in the psychological rehabilitation of war-traumatized children; strengthening literacy and post-literacy programmes through the development of relevant reading materials; and mobilizing modern and traditional media to disseminate knowledge, skills and values to school and out-of-school target populations. UNICEF will support the Ministry of Education in implementing recommendations made during the mid-term review, including examining the causes of the decline in primary school enrolment, as well as literacy and post-literacy courses, and introducing corrective measures and policies to reverse the trend. The basic development education approach and the performance of related centres will also be thoroughly evaluated.

33. Area-based programme. With active community involvement, UNICEF aims to assist the Government in the planning and implementation of integrated basic services such as health, household food security, water supply and education so as to reduce mortality, morbidity and malnutrition of children and women in 10 regions. In cooperation with urban municipalities and NGOs, this programme will also address the needs of the most disadvantaged groups, including street children and single-parent families. Regional and district profiles will be prepared, with the selection based on the most underserved or unreached communities. The present area-based sites will not be abandoned, and ongoing activities will be supported while preparing for the implementation of the new sites. There will be 14 sites, 1 in each zone. These activities will be implemented in a coordinated and integrated manner by respective government counterparts and selected NGOs under the supervision of steering committees or city councils at the regional, awraja and community levels. In order to instill a sense of project ownership among communities, affordable, replicable and sustainable activities will be emphasized. Advocacy at all levels will be strengthened in order to promote the area-based development strategy and to reach deprived communities.

34. Programme planning and support. The programme will assist key institutions working with UNICEF to improve their planning and management capabilities for monitoring progress towards global goals for the 1990s through the improvement and use of information systems. Cooperation will consist of programme preparation, the monitoring and coordination of policy development and improved data collection. The Office of the State Committee for Foreign Economic Relations will be supported to ensure coordination and integration of programmes and projects through regular monitoring, including field visits. Support will be provided at the central level for policy development and the implementation needed to develop successfully programmes and projects. The development of an Ethiopian national programme of action, as required by the Plan of Action of the World Summit for Children, will be fully supported. UNICEF will seek the participation of other JCGP agencies in the development of the programme of action. Finally, improved data collection pertinent to children and women will constitute the main thrust of UNICEF cooperation with the Central Statistics Authority.

35. Emergency assistance. Support will be provided to the Early Warning and Planning Department of the Relief and Rehabilitation Commission, so as to help strengthen its capacity to collect information promptly and to compile data on emergency food and non-food needs in drought-prone and other affected areas. Specifically, funds will be used for logistical support, transport and training in disaster monitoring and management. To alleviate the plight of the destitute and those in urgent need of shelter, clothing and other relief items, resources will be provided and channelled through local governments and NGOs.

36. External relations. Advocacy and external relations support will build on earlier experiences by intensifying media relations and documenting successful projects on CSD concerns for fund-raising purposes. Advocacy will also be included for follow-up to the World Summit for Children and the goals for the 1990s. Visits by international media representatives and members of National Committees for UNICEF to successful projects will continue to be encouraged. A country information kit will be produced to advance fund-raising activities.

37. Evaluation. Despite the uncertainties that characterize the bridging proposal, it is hoped that within the first year of programme implementation, structures will be firmly established and social policies clearly defined. This will pave the way for evaluating the proposal in order to plan a full country programme recommendation for submission to the Executive Board in 1994.

38. Collaboration with other agencies. In the area of health, positive collaboration exists with the Christian Relief and Development Agency (CRDA), the coordinating body for about 75 mostly church-affiliated NGOs at the central level. The quarterly accelerated child health development review meetings initiated by the Ministry of Health and UNICEF have proven useful in improving coordination between the Ministry and NGOs at awraja and regional levels. Other partners in the health area include the United Nations

Population Fund (UNFPA), the Swedish International Development Authority (SIDA) and the World Bank for the family planning programme; WHO for CDD and ARI; McGill University (Canada) and WHO in awraja health management training and strengthening of the awraja health management system; WHO, the World Bank and SIDA for training CHWs, TBAs and health assistants; and Rotary International for EPI.

39. In cooperation with CRDA, UNICEF assisted the Government in conducting the first ever survey of NGO water supply and sanitation activities. The survey revealed that despite the huge investment, and partly because of poor coordination and a weak government monitoring system, the water supply and sanitation programme was not successful. A similar survey on related multilateral and bilateral cooperation has since been initiated. When complete, it should provide a comprehensive picture of water supply and sanitation investments and so allow the Government to stimulate effective donor coordination and sector monitoring, leading to the use of more appropriate, low-cost and standardized designs and technologies country-wide. The need for coordination is now recognized by most donors as being essential to the national programme. Cooperation with the Office of the United Nations High Commissioner for Refugees (UNHCR) regarding water supply for Sudanese refugees in the Fugnido camp was positive and UNHCR has requested further cooperation in the same region. Continued collaboration exists with the United Nations Development Programme (UNDP) and the World Bank on hand-pump standardization and development; and cooperation has been initiated with WHO, UNDP and the World Bank for the development of a global water supply and sanitation monitoring system.

40. WHO continues to be a key partner in JNSP. The Food and Agriculture Organization of the United Nations (FAO) collaborates with UNICEF on the national food and nutrition surveillance system. Menschen für Menschen provides funds for salt iodation.

41. Through the United Nations Emergency Prevention and Preparedness Group, coordination of emergency activities within the United Nations system will continue to identify needs, mobilize resources and monitor and report on emergency operations. The establishment of a liaison officer on coordination with the Organization of African Unity will further strengthen existing linkages. The integrated urban basic services project continues to cooperate with the Norwegian Redd Barna, Swedish Save the Children and Save the Children USA to improve the quality of life for at least some street children in Addis Ababa.

Eritrea

42. Health. To serve the population under its control, the Provisional Government of Eritrea has begun to implement a PHC system. The newly established Department of Health intends to apply this model to the entire country. The PHC infrastructure presently consists of 28 health centres (each staffed with 3-5 nurses and 10-12 health assistants), 92 health stations (each staffed with 2 health assistants) and about 120 health posts (served by 1 CHW

and 10 TBAs). The secondary health infrastructure consists of 10 regional hospitals. The Eritrean health staff includes 68 medical doctors, 488 nurses, 33 midwives and 850 health assistants. In recent years the health department was preoccupied primarily with war casualties and curative measures; it is, therefore, necessary to strengthen preventive care in Eritrea. Assistance will be provided in the areas of MCH, immunization, CDD, baseline data collection, health information systems and monitoring and evaluation. The rehabilitation of health centres, health stations and health posts will be supported, and the capacity of PHC and MCH staff will be upgraded.

43. Nutrition. Assistance will be provided to combat severe and moderate malnutrition among women and children through nutrition monitoring and supplementary feeding, measures to improve household food security, nutrition education, improved maternal nutrition and control of micronutrient deficiency disorders such as anaemia, IDD and vitamin A deficiency.

44. Water supply and sanitation. The development of a comprehensive water supply and sanitation plan will be a priority, as will surveys on the status of existing water supply and sanitation facilities. Assistance will also be provided for the urgent rehabilitation of defunct systems, as well as for operation and maintenance training and hygiene education. Support will be provided for low-cost technologies, including hand-pumps fitted to dug-wells and boreholes; small-scale, power-pumped systems; gravity-fed systems from protected springs; rainwater catchments; renewable energy; and VIP latrines. The programme will encourage the standardization of designs and hardware in order to simplify operation, maintenance and training, and to achieve community participation in system planning and management to ensure sustainability.

45. Education. With an estimated pre-primary and primary school enrolment rate of 25 per cent and a low literacy rate, support to pre-primary and primary education and literacy programmes will be a priority. Support will be provided for a survey of the educational needs of children, youth and adults; the development of an appropriate action plan for education for all; and the development of a new curriculum. Textbooks will be provided, as well as assistance for the training of teachers in pedagogics and in the psychological rehabilitation of war-traumatized children. Another major activity will be the rehabilitation and regrouping of school facilities and other educational establishments. Modern and traditional media will be used to empower families and communities, especially women, with useful knowledge, skills and values.

46. Area-based programme. Integrated urban basic services will be developed and implemented in Asmara and other towns in close cooperation with the municipalities and other relevant government counterparts and NGOs, taking into account rehabilitation and emergency needs. Priority will be given to such areas as PHC, nutrition, women's development activities, early childhood development, water supply and sanitation and children in especially difficult circumstances.

47. Planning. Cooperation will include support to social sector planning, particularly in the areas of PHC, water supply, sanitation and education. Policy development, surveys, data collection and analysis will be assisted. Support will be provided for the development of a comprehensive monitoring system, which will include statistics on the situation of children and women.

48. Emergency. Given the large number of drought victims, displaced persons and returning refugees, relief and rehabilitation programmes require immediate assistance. The socio-economic infrastructure, which has been extensively damaged by 30 years of war, must be rehabilitated to provide for the delivery of relief programmes. The Department of Social Affairs and the Eritrea Relief Association will be provided with financial and material support to assist drought victims and to resettle displaced and returning refugees. Funds will be used to carry out studies on the impact of conflict on children and to investigate possible solutions. Agreements will be entered into with NGOs involved in emergency relief and rehabilitation. Efforts will also be directed at encouraging gender analysis and related research on the different impact of emergencies on females and males.

49. External relations. Advocacy and external relations will be strengthened. Documentation of successful projects, especially on emergency relief and rehabilitation, will be disseminated. Visits by international media representatives and National Committee members will continue to be actively encouraged.

50. Cooperation with other agencies. In view of the forthcoming repatriation of an estimated 250,000 Eritrean refugees from the Sudan, UNICEF assistance will be concentrated in areas where returnees will most likely resettle. Close cooperation will be pursued in planning, implementation, monitoring and evaluation with WHO in the area of health, UNHCR in the area of water supply and sanitation and the World Food Programme (WFP) in the field of nutrition. Regular programme activities will be implemented by the various departments of the Provisional Government of Eritrea, as well as by local NGOs. Adequate data collection and analysis systems will be established in these departments to allow for close monitoring and evaluation.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE ASIA REGION*

SUMMARY

The present document contains recommendations for funding from general resources for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, for the country programmes listed below.

Country/programme	Amount (United States dollars) General resources	Duration
Democratic People's Republic of Korea	1 500 000	1992-1993
Malaysia	1 500 000	1992-1993

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

I. DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Basic data (1990 unless otherwise stated)

U5MR: 35	Child population (0-15 years): 6.7 million
IMR: 26 (1987)	Literacy (male/female): N.A.
GNP per capita: $970	Access to health services: 49 per cent

One-year-olds fully immunized against:

Tuberculosis:	100 per cent
Diphtheria/pertussis/tetanus:	98 per cent
Measles:	98 per cent
Poliomyelitis:	100 per cent

Pregnant women immunized against:

Tetanus:	99 per cent

1. The 1990-1992 country programme of cooperation for the Democratic People's Republic of Korea was approved by the UNICEF Executive Board in April 1989, with a total allocation of $1,050,000 from general resources (E/ICEF/1989/P/L.15). Due to subsequent increases in the annual planning levels, as well as very good implementation rates, resources approved by the Board have been utilized. A two-year country programme proposal is hereby submitted to the 1992 Executive Board to recommend the approval of general resources in the amount of $1,500,000 for the period 1992-1993, subject to the availability of funds. This recommendation will facilitate programme continuity and will provide an appropriate time-frame for the preparation of a longer-term country programme proposal.

The situation of children and women

2. The country is now in the sixth year of its Seven-Year Economic Plan (1987-1993). Reports indicate that a number of the national plan's 10 long-range goals for the 1980s have been postponed to the 1990s due to a slow growth rate. The economy has suffered from a variety of external factors, including world recession, an increase in oil prices and a drastic fall in both the demand for and prices of its mineral exports. There has apparently been no increase in revenue generation in recent years, nor any significant progress regarding the rescheduling of the country's external debt of about $3 billion.

3. The Democratic People's Republic of Korea has recently enhanced its efforts towards diplomatic relations, foreign trade and other sources of foreign income and investments. Both the Democratic People's Republic of Korea and the Republic of Korea were admitted to full membership of the United Nations in September 1990. The Democratic People's Republic of Korea ratified the Convention on the Rights of the Child on 21 September 1990 and the country's Prime Minister formally signed the World Declaration and Plan of

Action for the Survival, Protection and Development of Children at Pyongyang in May 1991. At the Regional Consultation on National Programmes of Action held at Bangkok in July 1991, the delegation of the Democratic People's Republic of Korea stated that efforts will be directed towards improving the standards and quality of programmes and services for children, in cooperation with UNICEF and other United Nations agencies.

4. The social policies of the country accord very high priority to the needs of children. All health services, including prenatal and postnatal care, are free and accessible to all, as are preschool, primary and secondary education.

5. According to the limited data available, the infant and under-five mortality rates are estimated at 26 and 35 per 1,000 live births, respectively; the maternal mortality rate (MMR) is estimated at 41 per 100,000 live births. The practice of breast-feeding appears to be virtually universal for the first six months of life. There have been some reports of mild and moderate malnutrition, with children in the mountain areas more likely to be malnourished than in other areas. Iodine deficiency disorders (IDD) are also believed to exist in the mountain areas. The most common child illnesses reported are diarrhoeal diseases and acute respiratory infections (ARI) such as influenza, bronchitis and pneumonia. Nearly 98 per cent of infants are reported to be fully immunized against the six vaccine-preventable diseases, although there have been some concerns about the quality of vaccines, all of which are produced in the country.

6. The compulsory primary education system, which has achieved full primary school enrolment, comprises 11 years of schooling, including one year of kindergarten. The focus is now on improving the quality of education in the spirit of the Framework for Action to meet Basic Learning Needs adopted by the World Conference on Education For All.

Programme cooperation, 1990-1991

7. One of the major projects under the programme of cooperation was vaccine production. The objectives were to improve the technological aspects of the production and quality control of the combined diphtheria/pertussis/tetanus (DPT) vaccine in order to reach the standards established by the World Health Organization (WHO). UNICEF provided the technical services of a consultant from the Kasauli Research Institute in India; supported technical training, such as study missions to vaccine production and quality control facilities in India, Thailand and China; supported a consultancy to assist in the design of a new building for DPT production and quality control; provided quality control equipment; and secured relevant literature, which has been translated into Korean.

8. For activities in the expanded programme on immunization (EPI), UNICEF provided enough cold boxes to cover national needs, as well as sufficient cold-chain equipment to fully equip two counties.

9. In the area of nutrition, consultancy services and some equipment were provided to the Institute of Child Nutrition (ICN) to motivate and assist the Institute to carry out two surveys, one on the nutritional status of preschool children, and the other, a pilot survey on IDD. Support for the surveys was also aimed at ICN capacity-building through the enhancement of staff skills in survey design and in anthropometric, biochemical, computer and data analysis skills. In this respect, some senior ICN staff underwent training at Mahidol University in Thailand. The results of surveys in Hyangian county are now being analysed. A national edition of Facts For Life has been produced and tested in cooperation with the Democratic People's Republic of Korea's Coordinating Committee for Cooperation with UNICEF. The first edition will be printed in April 1992 and officially launched and distributed shortly thereafter.

Recommended programme cooperation, 1992-1993

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	Total
Health	364	300	664
Nutrition	114	150	264
Education	165	150	315
Programme development and advocacy	27	50	77
Programme support	80	100	180
Total	750	750	1 500

Health

10. In the area of immunization, UNICEF will continue to assist the Pyongyang Vaccine Institute to bring DPT vaccine production and quality control up to WHO standards, providing consultancies, training and limited equipment support. The programme will help to sustain universal child immunization (UCI) through support to the Government in improving vaccination techniques and management, strengthening cold-chain management and training EPI personnel. A joint Democratic People's Republic of Korea/UNICEF/WHO review of EPI will be conducted in 1992.

11. In health education, the main intervention will be the mass production and distribution of the country's version of Facts for Life in order to facilitate the dissemination of child health and development messages to parents, communities and the widespread network of local and national staff responsible for the provision of basic services to children and women. UNICEF will support the printing of these books, primarily through the provision of

paper and binding materials. Support will also be given to the development of supplementary materials based on Facts for Life and targeted to special groups.

Nutrition

12. Over two thirds of the country is mountainous, with iodine-deficient soil. The recently completed IDD survey in Hyangsan county will be analysed with assistance from UNICEF consultants, and an appropriate intervention strategy will be determined and implemented. Survey work will continue in other mountain areas in order to determine the scope of the IDD problem.

13. Some 49 per cent of the country's labour force is female. Following three months of maternity leave after a birth, most women return to work. The country has a well-established system of crèches at workplaces, and mothers are encouraged to continue breast-feeding. The weaning period is, however, problematic and may occur at an earlier than optimal age. ICN will carry out a survey at places of work to determine breast-feeding duration in different occupations and to identify strategies to encourage mothers to breast-feed for the appropriate period. In addition, ICN will investigate the local availability of raw materials in rural areas to provide a series of balanced weaning diets that can be locally prepared. UNICEF has stressed readiness to work with ICN on studying weaning practices, assessment of local resources for weaning foods and relevant nutrition education support for home- and community-based weaning food production.

Education

14. The widespread network of over 19,000 government kindergartens places preschool facilities within walking distance of almost every home. Physical facilities appear to be good and the staff well trained. UNICEF will assist efforts to enhance the quality of early childhood development (ECD) and preschool education by facilitating the exposure of educators and teachers to new developments and teaching methods. Support will be provided for study missions and the preparation of appropriate nutrition intervention activities.

15. UNICEF will provide the services of two short-term consultants from the Norwegian Institute of Special Education to train staff of the Video Production Centre for Preschool Education. Efforts to upgrade the level of education at multi-grade branch schools in remote mountain and island communities will also be assisted through support for a study mission to Australia, a related short-term consultancy, teacher training, the provision of some teaching equipment, consultations, experience exchange and a review of national capacity to produce educational toys and games for preschool children.

16. In addition, UNICEF will continue to support the local production of video materials and the provision of video equipment to a limited number of branch schools, along with the evaluation of the effectiveness of these measures. Work will continue on the development of an appropriate support structure for branch schools.

Programme development and advocacy

17. A situation analysis on the status of children and women in the Democratic People's Republic of Korea will be carried out in 1992 with UNICEF support. This will be the first study of its kind in the country, and it will provide the basis for the development of a longer-term country programme of cooperation. In addition, appropriate exchange of experience and information with other countries will be promoted. Efforts will continue to link national systems and staff into regional and international networks, which will provide the experiences, information and technology needed to enhance the quality of services for children.

II. MALAYSIA

Basic data (1990 unless otherwise stated)

U5MR: 29	Child population (0-15) years): 7.2 million
IMR: 22	Literacy (male/female): 87/70 per cent
GNP per capita: $2,277	Access to health services: 96 per cent

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	91 per cent
Measles:	90 per cent
Poliomyelitis:	90 per cent
Hepatitis B:	87 per cent

Pregnant women immunized against:

Tetanus:	71 per cent

18. The country programme for Malaysia for the period 1989-1991 was approved by the Executive Board in 1989, with a general resources ceiling of $1,250,000 (E/ICEF/1989/P/L.20). Due to subsequent increases in the annual planning level, as well as good implementation rates, funds approved by the Executive Board were utilized by the end of 1991. A two-year country programme proposal is hereby submitted to the 1992 Executive Board for funding from general resources in the amount of $1.5 million for the period 1992-1993, subject to the availability of funds. This recommendation will help to meet the immediate shortfall of resources, facilitate programme continuity and provide an appropriate time-frame for the preparation of a long-term country programme of cooperation.

The situation of children and women

19. The year 1990 marked the completion of an important 20-year period in Malaysia's economic history. Perhaps uniquely in the developing world, an environment of high growth coupled with low inflation has been sustained, while remarkable progress towards the eradication of poverty and substantial

improvements in the welfare of children and women have been made. Malaysia's per capita gross national product for 1990 was $2,277. The 1991 United Nations Development Programme (UNDP) Human Development Report placed Malaysia in the high human development category, with an index of 0.802.

20. Although there is no standardized national system of social welfare in the country, comprehensive services for health and education are well established. An estimated 99 per cent of children are enrolled in primary school, with a 97 per cent completion rate. MMR is currently 30 per 100,000 live births, compared to 37 per 100,000 live births in 1985. In 1990, some 71 per cent of pregnant women had been immunized against tetanus, compared to 25 per cent in 1985. Figures from 1990 also indicate that 92 per cent of all deliveries were assisted by trained health personnel, up from 82 per cent in 1985. Eighty per cent of Malaysian mothers currently visit a doctor during the second trimester. The female literacy rate is 70 per cent. The contraceptive prevalence rate in 1987 was 50 per cent. Child-spacing rates differ widely among ethnic/religious groups. The Government does not promote family planning, and there remain substantial variations among the states.

21. Some 8.3 per cent of children born in 1990 weighed less than 2.5 kilograms at birth, compared to 8.8 per cent in 1985. The incidence of IDD in 1983 was estimated at 0.006 per cent of the population. In spite of good coverage indicators, there is still a need for attention to the relatively under-served groups, including those in the so called "estates" and in the fishing sectors, as well as those living in the more remote areas of peninsular and east Malaysia.

Programme cooperation, 1989-1991

22. UNICEF assisted the Ministry of Health with five additional temporary staff for EPI monitoring and community mobilization at the national level. This cooperation focused primarily on reaching the hard-to-reach and promoting sustainability. Strategies to maximize coverage through the health services system were pursued through a national workshop for general hospital matrons and state-level senior medical assistants. In addition to 20 district-level workshops, six regional workshops for district hospital matrons and medical assistants were also conducted. In 1990, four district-level workshops were held in areas with low coverage for the measles vaccine. To achieve and sustain UCI, the monitoring system was strengthened through the provision of computers at national and state levels. Training workshops on computerized data management were developed at the state level. Cold-chain management was further strengthened through seven state-level cold-chain workshops. Further education and information materials, such as radio spots, were developed and aired in 1990 and 1991. Medical professionals, health associations and universities were involved in EPI implementation. These groups were instrumental in reaching least-served children in poor states and urban areas.

23. Facts for Life was introduced in Kuala Lumpur. The Ministry of Health reviewed and drafted country-specific primary messages throughout most of 1991. New chapters will be added to provide messages on hepatitis, ECD and child abuse. UNICEF provided the services of a local consultant to coordinate

the pre-test and final draft, in preparation for printing. The official launching and distribution of the Malaysian edition will take place during 1992, together with the development of the distribution and training strategy.

24. For children in disadvantaged areas, the plan of cooperation was to support the development of a pattern of community participation in the planning, provision and utilization of services for children in Kuala Muda, Kedah. UNICEF was to provide funds for training and the preparation of guidelines and materials. This project stalled because the newly established, child-care centres closed due to non-payment of staff by the district authorities. This long-standing constraint has not yet been overcome. UNICEF has suggested that the project now focus on training mothers in home-based early child care and early childhood stimulation, and that these home-based activities be promoted in one district on a pilot basis.

25. Advocacy and support to policy development are probably the most important areas of UNICEF involvement in a country such as Malaysia. The Socio-Economic Research Unit has completed the first draft of a survey reviewing developments in Malaysia since the International Year of the Child and outlining some possible strategies that might serve as inputs for future policy planning and development for children. UNICEF also assisted the Government in the development of social indicators for the possible establishment of a child monitoring unit. Technical support from other developing countries was provided for this and other purposes. The Prime Minister signed the World Summit Declaration and Plan of Action on the Survival, Protection and Development of Children at Kuala Lumpur in July 1991. The signing was followed by a national-level policy meeting, which endorsed the creation of a national charter for children based on a national programme of action.

Recommended programme cooperation, 1992-1993

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	Total
Health	175	150	325
Nutrition	125	150	275
Education	150	150	300
Social development	100	100	200
Social mobilization and advocacy	50	50	100
Programme support	150	150	300
Total	750	750	1 500

26. Programme activities during the period 1992-1993 will be in part a continuation of the existing country programme, with some new elements, mainly in the areas of research, child abuse, safe motherhood and ARI.

Health

27. The objectives of the health project will be to sustain UCI and to produce and disseminate a common body of basic information on child health and development to the general population and relevant government staff.

28. Malaysia achieved UCI in 1990, but coverage still remains low in pockets of the population. Support will be provided for training, programme monitoring and disease surveillance. A Malaysian version of Facts for Life was prepared in 1991 and will be published in 1992. The aim is to provide parents with a limited number of important messages on child health and development, which will reach them in a consistent fashion through all relevant services and media. The Government plans to field-test the primary messages and then develop a first Malaysian edition, to be accompanied by supporting information to reach different sectors of society and for various types of media. Selected training activities for health workers and others such as teachers and community leaders will also be carried out.

Nutrition

29. In the area of nutrition, cooperation will focus on breast-feeding. UNICEF will support training in human lactation management through local workshops and the development of education and media materials to promote breast-feeding. Support will also be provided for growth monitoring, and more rigorous analysis and enforcement of existing legislation affecting the marketing of breast milk substitutes. The establishment of "baby-friendly" practices in hospitals, maternity services and workplaces will be pursued.

30. For growth monitoring, a parent-held health card for each child has been developed under the existing phase of cooperation. Subsequent to pre-testing, the Government is committed to introducing this card on a national scale. A training programme will be carried out on the use of the health card.

Education

31. Training and educational materials will be provided on ECD and early stimulation to train parents, care-givers, teachers and educators. UNICEF will also support the preparation of a standard development scale for Malaysian children. At present, preschool education is available primarily for the affluent, through private schools in the main urban centres. The Ministry of Education is now starting an ambitious programme to provide preschool education through an annex to primary schools, with the long-term objective of eventually admitting children to primary school at the age of six instead of seven years. UNICEF will assist in improving the training of teachers to prepare them to work effectively with this younger age group.

32. With regard to primary education, UNICEF will support efforts to improve the quality of teaching through studies on introducing peer supervision and the use of video aids. The basic primary curriculum currently in use was introduced eight years ago, and includes a component on values education. The

impact of this type of education will be evaluated. Other work will be done to assess school retention rates to identify which children do not complete primary education or do not pass on to secondary education. Malaysia will host an international conference on values education in May 1992.

Social development, mobilization and advocacy

33. A situation analysis on the status of children and women will be carried out in 1992. This will be the basis for longer-term programme development to meet the needs of children and women.

34. UNICEF will support national efforts to raise awareness on child survival, protection and development issues among leaders of non-governmental organizations (NGOs) and in communities throughout the country. Special attention will be given to the situation and needs of the less advantaged segments of society, such as the urban poor, plantation labourers, inhabitants of fishing villages and those living in relatively remote parts of the country. Activities designed to develop systems for monitoring the situation of children on a continuing basis will be supported in order to provide information for policy development and planning. Such activities will contribute to monitoring progress towards the goals for children in the 1990s.

35. A growing community of NGOs in Malaysia is working with the Government to address the protection and development needs of children. The field of child abuse is one area in which such innovation and cooperation has developed in recent years. Under the social development, mobilization and advocacy programme, the relevant government agencies and UNICEF will establish a small project-support fund to facilitate innovative activities at national and local levels. Criteria for such support will be established to ensure that project activities have the potential to demonstrate solutions and provide models for application beyond their initial trial areas.

36. Malaysia is well suited to undertake essential applied research for children. The country has a solid record of accomplishment, as well as a number of research institutes with experience in fields such as public health, education and social programme management. Taking into account the knowledge needed for child survival, protection and development and Malaysia's institutional resources, UNICEF will work with the Government in identifying a short list of applied research topics to be addressed. Special attention will be given to innovation in important areas relating to the achievement of the goals for children in the 1990s.

37. The country also has considerable positive experience in policy development, planning and programme management related to the needs of children. UNICEF will work with the Technical Assistance Programme of the Economic Planning Unit and other agencies in exploring ways in which experiences relating to the goals for children in the 1990s can be shared with other countries, particularly in South-East Asia.